U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0004 3020 1526

WILMINGTON DE 19808

Postage	$ $1.82	0121
Certified Fee	$2.65	06
Return Receipt Fee (Endorsement Required)	$1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $6.62	01/18/2008

USPS SAN DIEGO CA 92121

Sent To Techtronic Industries North America, Inc
Corporation Service Company

Street, Apt. No.; or PO Box No. 2711 Centerville Rd, Ste. 400

City, State, ZIP+4 Wilmington, DE 19808

PS Form 3800, January 2001 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Techtronic Industries North America, Inc.
Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

4a. Article Number
7001 0320 0004 3020 1526

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Laura Cooper

8. Addressee's Address *(Only if requested and fee is paid)*

Thank you for using Return Receipt Service.

PS Form **3811,** December 1994 102595-98-B-0229 Domestic Return Receipt